

**WISCONSIN MEDICAID
SPECIALIZED MEDICAL VEHICLE INFORMATION CHART COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires information to enable Medicaid to certify providers and to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information shall include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for services.

Provision of the information requested on this form is mandatory. However, the use of this version of the form is voluntary, and providers may develop their own form as long as it includes all the information on this form.

- Providers may not use any vehicle not insured by their own specialized medical vehicle (SMV) policy; borrowing vehicles is not allowed.
- All vehicles are required to be equipped/fitted with a wheelchair ramp or lift.
- Providers may not use a vehicle unless it has been inspected at least every seven days, and those inspections have been documented.
- For more information on SMV documentation, contact Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883.

INSTRUCTIONS

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| 1. Type or print clearly. | 4. Send correct and complete insurance documentation to Wisconsin Medicaid Provider Maintenance immediately when changing insurance carriers or policies and attach a new, completed copy of this form. |
| 2. Before completing this form, make a copy of it for use in reporting any future changes. Providers should retain a copy of the completed form in their records. | 5. Attach a current (approval must be within past 12 months) copy of the Wisconsin Department of Transportation (DOT) Motor Bus/Human Service Vehicle Inspection Report (DOT form SP4162) for each vehicle listed. |
| 3. Prior to any change in vehicles, send an updated copy of this form to:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006 | 6. Under the box labeled "Vehicle Identification," enter the vehicle identification number (VIN) for each SMV. |

If a new vehicle is added, submit this form within 14 calendar days.